

**STATE OF SOUTH DAKOTA
COMMON SENSE PARENTING
ANNUAL REPORT**

AGENCY REPORTING: _____

ADDRESS: _____

TELEPHONE: _____

CELL-PHONE: _____ EMAIL: _____

NAME OF "Common
Sense Parenting
Trainers: ☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

NAME OF "Responsive
Parenting" Trainers: ☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

NAME OF "Distant
Parenting" Trainers: ☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

NAME OF "Promoting
School Success" Trainers: ☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

Court District(s)
or Reservation classes
held in: ☐ _____ ☐ _____
☐ _____ ☐ _____

Class held in City? ☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

Advisory Board Member ☐ _____ ☐ _____

Peer Review held: Date: _____ Location: _____

Did you participate in a Child Abuse Prevention Activity during the month of April? ☐ Yes ☐ No
What activities? _____

Did you participate in a Fatherhood Activity during the year? ☐ Yes ☐ No
What activities? _____

Reporting for Federal Year: October 1, 20__ through September 30, 20__

1. Number of classes held? _____ Number of classes held for DSS social workers _____
2. Number of classes held for community _____ Number of classes held not paid thru contract _____

Signature

Date